

## Driver License Examinations Testing Site Information

Driver Training School Program  
Department of Licensing  
PO Box 435  
Olympia, WA 98507  
Email: tse@dol.wa.gov

Main driving school or school district name \_\_\_\_\_ License number \_\_\_\_\_

Branch name		Branch license number		Status <input type="checkbox"/> Add <input type="checkbox"/> Delete	
Physical address (Address, City, State, ZIP code)					
Mailing address, if different (Address, City, State, ZIP code)					
Contact name		Title		(Area code) Telephone number	
				Email	
Days available for written and drive tests <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> Su		Hours available for written and drive tests _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. TO _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		Number of examiners at this site	
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*Use additional pages if needed.*